

Bioequivalence of Topical Products

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Q& A

How to Characterize Similarity?

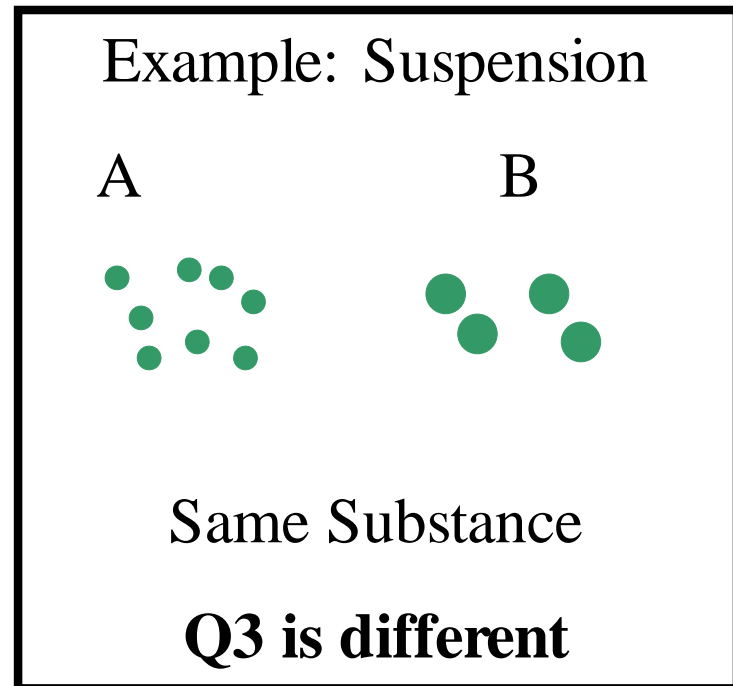
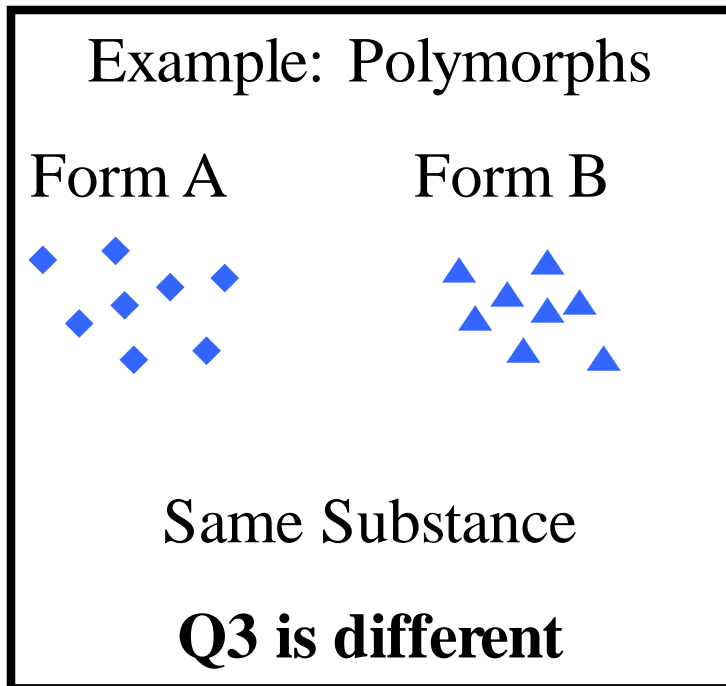
- Q1: Qualitative Similarity
 - Same components
- Q2: Quantitative Similarity
 - Same amounts of the same components
- Q3: Structural Similarity
 - Same amounts of the same components arranged in the same way

How do you measure Q3?

What does Q3 similarity imply about bioequivalence?

Definition of Q3

- Structural Similarity
 - Arrangement of matter
 - State of aggregation



What Determines Q3?

- Equilibrium states
 - Example: solution
 - Q2 implies Q3
- Non-equilibrium states
 - Examples: suspension, cream, ointment, gel
 - Determined by history
 - Manufacturing
 - Storage
 - Physical state of starting materials

How To Measure Q3?

- Different materials/formulations may require different methods
- General features
 - Particle/Droplet/Excipient size distribution
 - Spatial arrangement/homogeneity
 - Particle/Droplet/Excipient interactions or crosslinks or surface chemistry

Semi-Solid Dosage Forms

- Most topical products are semi-solids
 - In other fields semi-solids are referred to as complex fluids, soft condensed matter, or viscoelastic fluids
- Intermediate between liquid and solid
 - Depending on the measurement, their properties are a mixture of solid and liquid behavior

Phase Structure and Size Distribution

- Size distribution
 - Microscopy
 - Light scattering
- Phase structure/Spatial arrangement of particles
 - Differential Scanning Calorimetry (DSC) measurements

Interactions

- Interactions between the components of a semi-solid determine the rheology
 - Particle attraction or repulsion
 - Surface Charge
 - Excipients/Stabilizers
 - Polymer or gel crosslinking

Rheology of Semi-Solids

- Linear Viscoelasticity
 - Material response to oscillatory strain combines solid and liquid behavior
- Stress-Strain Rate Relation
 - Viscosity depends on strain rate
- Yield Stress
 - Stress required to induce flow

Drug Release From Formulation

- Diffusion Through Membrane
 - Franz Diffusion Apparatus: To determine the diffusional properties of drugs in various semi-solid formulations through biological membranes or artificial membranes

Relation of Q3 to Topical Product Performance

- For topical products rheology matters
 - Similar spreadability requires viscosity-shear rate curves and yield stress be the same
- Phase structure of formulation components
 - Manufacturing processes
- Drug release rate from formulation
 - How is the active ingredient contained in the formulation?

Regulatory Role of Q3

- Products that are Q1, Q2, and Q3 to each other will be bioequivalent?!
- Level of confidence in Q3 determination
 - Did we measure the appropriate property?
 - How similar must measurements be to be Q3?

Q3 Validation

- How to prove that Q3 determination is valid
 - Characterize complex formulations with particles of excipients and particles of actives
- University of Kentucky project
 - Measure rheology and drug release rates
 - Formulations with manufacturing differences
 - Formulation where generic was superior/(inferior), not equivalent, in a clinical trial

Topical BE: Q&A

- **DPK**

- What type of studies should be conducted to validate the DPK method?

- **Q3**

- What type of data is needed to demonstrate that two products are Q3 equivalent?
- How should the Q3 concept be validated or demonstrated?
 - Demonstration that we can detect changes in manufacturing processes?
 - Demonstration that we can detect formulations with known differences?
 - Demonstration that drug release rates are identical?

Topical BE: Q&A

- **Bioequivalence for topical products**
 - What role should Q3 and DPK play in the demonstration of bioequivalence for topical products?
 - Under what circumstances should Q3 equivalence be sufficient to justify a waiver of in vivo bioequivalence tests?
 - Under what circumstances should Q3 equivalence and a DPK method in healthy subjects be sufficient to determine bioequivalence?